

Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020084-2
P. IC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. 2126

U. S. COST REIMBURSABLE
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To _____
(Payee)

PAID BY
Encl #2
DPS 7967
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		COST				20,031.	61 ✓

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total 20,031.61

I certify that the above bill is correct and just and that payment has not been received.

STATOTHR

(Sign original only)

(Payee must NOT use this space)

Differences _____

Date 6/23/58 *Payee's certificate not required when a like certificate is made by payee on attached bill or bills)

Per _____ Title _____

Amount verified; correct for 20,031.61
(Signature or initials) EL

Contract No. A-101 Date _____ Req. No. _____ Date _____ Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____
(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____ Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____ Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name must be given, as in the following examples: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

STATOTHR

FORM STL - 660

2002/08/10 : CIA-RDP84-00380R00
ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE _____

6/15/58

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6/15/58

FORM STL - 660

ACCOUNTS PAYABLE

DATE _____

Continued to Sheet # 8

ACCOUNTS PAYABLE

000200842
WEEKLY DET DISTR

6/15/58

DATE _____

[illegible]

ACCOUNTS PAYABLE

6/15/58

DATE _____

BATCH				INVOICE	PURCHASE	CHECK	PAYMENT		Vendor	GROSS	DISCOUNT	For	Cost	TR.	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT
No.	Mo.	Day	Yr.	NUMBER	ORDER	NUMBER	Mo.	Day	Number	AMOUNT		Cl.	Element	CODE	Maj.	Int.	Sub.	Account	M.J.O.	S.D.	Work Order	
14	06	10	8	3161	44897		06	11	266					50	25	40	22	12501	5032	26	1	10950
15	06	11	8	8931	45013		06	30	15					50	25	40	22	12501	5032	26	1	48300
15	06	11	8	48915	45021		06	13	41					50	25	40	22	12501	5032	26	1	4680
15	06	11	8	19769	44870		06	12	46					50	25	40	22	12501	5032	26	1	2670
17	06	12	8	243388	45131		06	13	127					50	25	40	22	12501	5032	26	1	4770
17	06	12	8	244846	45131		06	13	127					50	25	40	22	12501	5032	26	1	1470
17	06	12	8	C196075	45131		06	13	127					50	25	40	22	12501	5032	26	1	1470-
17	06	12	8	30813	45019		07	02	131					50	25	40	22	12501	5032	26	1	40500
18	06	13	8	64832	44988		06	16	136					50	25	40	22	12501	5032	26	1	260
18	06	13	8	DM-1680	44988		06	16	136					50	25	40	22	12501	5032	26	1	260-
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																						111870 **
																						Continued & Sheet #8

Continued to Skut #8

1 Sheet #5
6/15/58

6/15/58

[illegible]

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Sheet #6
6/15/58

WEEKLY DET DISTR

6/15/58

DATE _____

[illegible]

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1 Sheet # 7

6/15/58

[illegible]

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ACCOUNTS PAYABLE

WEEKLY DET DISTR

6/15/58

FORM STL - 660

DATE _____

6 _____

5 _____

4 ← _____

3 ← _____

2 _____